

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 18, 2006
Secretary of State

DOCUMENT# N29198

Entity Name: LAWNWOOD PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**205-A JFK DRIVE
ATLANTIS, FL 33462**New Principal Place of Business:****Current Mailing Address:**1304 SW BAYSHORE BLVD
PORT SAINT LUCIE, FL 34983**New Mailing Address:****FEI Number:** 59-1764486**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DUNWOODY, ROBERT C JR
1700 S. 23RD ST.
FORT PIERCE, FL 349500188 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** DP () Delete
Name: DUNWOODY, ROBERT C JR
Address: 1700 S. 23RD STREET
City-St-Zip: FORT PIERCE, FL 34950**Title:** DVP () Delete
Name: MARJIEH, ZIAD M
Address: 2100 NEBRASKA AVE STE 105
City-St-Zip: FT. PIERCE, FL 34950**Title:** DST () Delete
Name: COLLIN, LLAN S
Address: 2100 NEBRASKA AVE STE 107
City-St-Zip: FORT PIERCE, FL 34950**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DVP (X) Change () Addition
Name: DUNWOODY, ROBERT C JR
Address: 1700 S. 23RD STREET
City-St-Zip: FORT PIERCE, FL 34950**Title:** DP (X) Change () Addition
Name: MARJIEH, ZIAD M
Address: 2100 NEBRASKA AVE STE 105
City-St-Zip: FT. PIERCE, FL 34950**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZIAD M. MARJIEH

DP

09/18/2006

Electronic Signature of Signing Officer or Director_____
Date